

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

**10716127**

**CLAIMS AS FILED - PART I**

|   | (Column 1)          | (Column 2)   |
|---|---------------------|--------------|
| TOTAL CLAIMS  | <b>5</b>            |              |
| FOR   | NUMBER FILED        | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | <b>5</b> minus 20 = | * <b>0</b>   |
| INDEPENDENT CLAIMS  | <b>1</b> minus 3 =  | * <b>0</b>   |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                     |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 385.00 |
| X\$ 9=    |        |
| X43=      |        |
| +145=     |        |
| TOTAL     |        |

OR

OR

OR

OR

OR

| RATE      | FEE           |
|-----------|---------------|
| BASIC FEE | 770.00        |
| X\$18=    |               |
| X86=      |               |
| +290=     |               |
| TOTAL     | <b>770.00</b> |

**CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2) | (Column 3)                         |
|---|----------------------------------|------------|------------------------------------|
| <b>AMENDMENT A</b>  | CLAIMS REMAINING AFTER AMENDMENT |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |
|   | <b>11/17/03</b>                  |            |                                    |
|   | Total * <b>5</b>                 | Minus      | ** <b>20</b> = <b>0</b>            |
|   | Independent * <b>1</b>           | Minus      | *** <b>3</b> = <b>0</b>            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |                                    |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9=     |                |
| X43=       |                |
| +145=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

OR

OR

OR

OR

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$18=     |                |
| X86=       |                |
| +290=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2) | (Column 3)                         |
|---|----------------------------------|------------|------------------------------------|
| <b>AMENDMENT B</b>  | CLAIMS REMAINING AFTER AMENDMENT |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |
|   |                                  |            |                                    |
|   | Total *                          | Minus      | ** =                               |
|   | Independent *                    | Minus      | *** =                              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |                                    |

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9=     |                |
| X43=       |                |
| +145=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

OR

OR

OR

OR

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$18=     |                |
| X86=       |                |
| +290=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2) | (Column 3)                         |
|---|----------------------------------|------------|------------------------------------|
| <b>AMENDMENT C</b>  | CLAIMS REMAINING AFTER AMENDMENT |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |
|   |                                  |            |                                    |
|   | Total *                          | Minus      | ** =                               |
|   | Independent *                    | Minus      | *** =                              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |                                    |

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9=     |                |
| X43=       |                |
| +145=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

OR

OR

OR

OR

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$18=     |                |
| X86=       |                |
| +290=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.